Meeting Minutes
Health Information Technology Council

March 13, 2013
3:30 – 5 p.m.

One Ashburton Place, 11th floor Matta Conference Room
Boston, MA

Meeting Attendees:

Council Members:

Name	Organization	Attended
John Polanowicz	*(Chair) Secretary of the Executive Office of Health and Human Services*	Yes
Manu Tandon	*(Chair) Secretariat Chief Information Officer of the Executive Office of Health and Human Services, Mass HIT Coordinator*	Yes
John Letchford	*Chief Information Officer, Commonwealth of Massachusetts*	No
David Seltz	*Executive Director, Health Policy Commission*	No
Aron Boros	*Executive Director, Center for Health Information and Analysis*	No
Laurance Stuntz	*Director, Massachusetts eHealth Institute*	Yes
Eric Nakajima	*Assistant Secretary for Innovation Policy, Executive Office of Housing and Economic Development*	No
Julian Harris, MD	*Director, Office of Medicaid*	Yes
Meg Aranow	*Senior Research Director, The Advisory Board Company*	No
Abigail Moncrieff	*Associate Professor of Law, Boston University*	No
Deborah Adair	*Director of Health Information Services/Privacy Officer, Massachusetts General Hospital*	Yes
John Halamka, MD	*Chief Information Officer, Beth Israel Deaconess Medical Center*	No
Normand Deschene	*President and Chief Executive Officer , Lowell General Hospital*	No
Jay Breines	*Executive Director, Holyoke Health Center*	Yes
Robert Driscoll	*Chief Operations Officer, Salter Healthcare*	Yes
Michael Lee, MD	*Director of Clinical Informatics, Atrius Health*	No
Margie Sipe, RN	*Nursing Performance Improvement Innovator, Lahey Clinic*	Yes
Steven Fox	*Vice President, Network Management and Communications, Blue Cross Blue Shield MA*	Yes
Larry Garber, MD	*Medical Director of Informatics, Reliant Medical Group*	Yes
Karen Bell, MD	*Chair of the Certification Commission for Health Information Technology (CCHIT) EOHED*	Yes

Others:

Name	Organization
Claudia Boldman	*Strategic Projects Manager, Information Technology Division*
Joann Buckland	*Assistant General Counsel, Executive Office of Health and Human Services*
Andrew P. Cohen	*Health Policy Commission*
Piali De	Senscio System
Lisa Fenichel	E-Health Consumer Advocate, Health Care for all
Pamela Goldberg	Chief Executive Officer, Mass Technology Collaborative
Tara Gregorio	Mass Senior Care
Adriam Gropper	Patient Privacy Rights
Kimberly Grose	Executive Office of Health and Human Services
Carol Jeffery	Massachusetts eHealth Collaborative
Sean Kennedy	HIE Director, Massachusetts eHealth Institute
Rob McDevitt	Executive Office of Health and Human Services
Julia Pleet	*Executive Office of Health and Human Services*
Erich Schatzlein	Massachusetts eHealth Collaborative
David Smith	MHA
Micky Tripathi	President & Chief Executive Officer Massachusetts eHealth Collaborative
Nicholas Welch	*Executive Office of Health and Human Services*

Meeting Minutes:

Meeting called to order – minutes approved
The meeting was called to order by Secretary Polanowicz at 3:32pm.

Council reviewed minutes of the February 4, 2013 HIT Council minutes. The minutes were approved as submitted.

HIT Council By-Laws – By-Laws approved
The Council reviewed the draft By-Laws. Secretary Polanowicz asked for corrections or updates. Laurance Stuntz asked for clarification regarding notification on remote meeting attendance.   It was suggested that such notification be made through Manu Tandon's office, so no official change to the By-Laws are needed. A motion was made for the Council to approve the By-Laws and they were approved.

Mass HIway updates (slides 3-9) presented by EOHHS CIO Manu Tandon

The Council reviewed the overview of the Mass HIway adoption process. The illustrative opportunity pipeline and emphasis of channels was discussed. The outreach and connection processes will occur through channels, and these strategies are being co-developed with MeHI.

The Mass HIway business performance to date was presented. The Operations summary identified the entities connected, organizations interested and transactions to date. Manu Tandon noted detailed metrics exist for each major process and work is under way to capture this information automatically. Other highlights:

- There will be an RFQ generated for a review / audit verification process to build towards a Federal Bridge Authority status.
- The Participation agreement is still in process, as clarification is needed for Phase 1 and for Phase 2 and Public Health details.

Council discussion:

- Q: (Deborah Adair) - Will there will be more details about HIway self-enrollment and how will the community become aware of the HIway?
- A: (Manu Tandon) – The planned automation processes will capture more details about enrollments. The communications plan will be instrumental for community awareness of the HIway.
- There was an inquiry regarding the communications strategy. Sean Kennedy, of MeHI, noted the ongoing collaboration work between MeHI and EOHHS.
- Secretary Polanowicz requested a pdf of the communications strategy be distributed to the Council members.

The HIway client on-boarding slides were reviewed (slides 6-7). The pipeline client organizations and associated use cases were discussed, and the target timelines identified.

Council discussion:

- Q: (Secretary Polanowicz) - Will the pipeline work with Meditech including their three product platforms?
- A: (Manu Tandon) – Yes. Meditech is rolling out their DIRECT interface this spring and will make these product releases available to the estimated 50 installed sites in the State.

The Technical Performance dashboard slide is a snapshot of current technical performance and operations. There are performance monitoring and security processes in place to monitor activity and escalate issues as needed.

The HIway technical, policy and risk areas affecting adoption of the HIway were reviewed:

- Manu Tandon noted the LAND device maturation is an issue. The LAND device must be enhanced to meet the requirements of the HIway.
- EHR Vendor implementation of DIRECT standards
- Market development of DIRECT infrastructure:
  - o HISP (Health Information Service Provider) environment definitions
  - o HISP to HISP connectivity issues
  - o Many EHR are developing their own HISPs
  - o Creates questions about "toll charges" for transactions

Council discussion:

- Q: (Karen Bell) – She noted an announcement from several vendors that they would be venturing into data portability capabilities. How will this impact the HIway?
- A: (Manu Tandon) - The goal of the HIway is to reduce costs. The HIway is envisioned to be the HIE for those who do not have an HIE (a gap HIE). As a business model, which is still evolving, it will be something that is taken into consideration. Many of the EHR vendors may not have thought about the implementation side, only the business side.
- Comment from Larry Garber who noted that standards are still evolving.
- Micky Tripathi noted that most EHRs are aligned with what the HIway wants to do.
- Laurance Stuntz commented that some vendors are looking forward to testing their products by connecting to the HIway.

Last Mile Program updates (slides 10-16) presented by MeHI HIE Director, Sean Kennedy

The Council reviewed the Last Mile Active Opportunity Review (sampling) and Anatomy of an Opportunity slides:
- Reviews current opportunities including anticipated type of integration, status, initial use cases and number of organizations enabled.
- An estimated 110 unique organizations have been identified with approximately $520K in potential HIway subscriptions.
- Salesforce is used as the opportunity management tool and is designed to track moving these opportunities through the pipeline.

Council discussion:
- Q: (Council Member) – What type of organizations are noted in the tracking numbers? Do these include long-term care?
- A: (Sean Kennedy) – Yes. A wide variety of care organizations are represented in the opportunities, including; Medical Centers, Large Hospitals, Small Practices, Community Health Centers, Ambulance Services and Small Hospitals.
- Q: (Karen Bell) – Can this be tracked by impact on population?
- A: (Sean Kennedy) – Notes this can be added as measurement criteria. The goals are to get organizations connected but then using the HIway for impact to healthcare. Determining how to measure the impact is under discussion.
- Secretary Polanowicz commented that consideration must be given to not count organizations more than once for measuring success and impact of the HIway.
- Laurance Stuntz noted that geographic distribution may hint at where concentrated efforts have been effective and to also identify those areas still needing focus

The slides covering the HIway Implementation Grants were reviewed (slides 14-16). The Council was referred to the handout titled 'Mass HIway Implementation Grant' for details about the HIway grant process.
- Implementation Grants: $2M, issued in awards up to $75K each
- The timeline for the Grant application, award notification and milestones reporting was reviewed.

  - The three-stage review process will include recommendations to external review team.

- The announcement for the grants will be going out this week. Webinars for specific information for the grants will run over the next few weeks.
- The milestones for grantees were discussed. All must be completed by the end of December 2013.
- The EHR interface tier 2 grants will fund EHR vendors to develop and implement a DIRECT messaging standard solution.

Council discussion:
- Q: (Karen Bell) – noted that sequestration should not impact the HIway funding request, but is there any indication that the HIE funding would be decreased?
- A: (Laurance Stuntz) – He notes that ONC has indicated there are no reductions in the grant processes related to EHR and HIE.

Phase 2 updates (slides 17-24) presented by EOHHS CIO Manu Tandon

The HIway phases were reviewed. Phase 1 pushes transactions to users and Phase 2 allows for sending and receiving messages between organizations. The matrix of HIE components and HIE users per Phase was also reviewed, detailing the increasing number of users and HIway components to support Phase 2 services.

The three methods to access the HIway were reviewed. The plan for how patients will use the HIway services was discussed.

The components of Phase 2 were detailed. Master Patient Index (MPI) services will offer probabilistic patient matching where only direct matches will display, and 'wildcard' or 'fishing' patient searches will not be allowed. The Consent database, actually part of the MPI, is provided by the 'sender' of patient data - the Admit/Discharge/Transfer (ADT) – of patient demographics. The Record locator service shows only those organizations that a patient has authorized (or consented) to respond to queries. The preferred Query/Response method is determined by the organization holding a particular patient's data.

Council discussion:
- Q: (Steve Fox) – How will a provider know if they are not getting a patient match vs. no consent by a patient to access their records? How will this be dealt with from a strategic perspective?
- A: (Manu Tandon) - This will rely on the ability of the HIway to draw in good data. Several other organizations have been asked about their data gathering processes. Surescripts was cited as an example, and they report a very high level of patient matching.
- Micky Tripathi noted this is a one-step-at –a-time process and referred to a Maryland law requiring all hospitals to include their patient data in the state HIE program.
- Steve Fox noted the very large issues surrounding the handling of sensitive data.

The four query/retrieve methods available in Phase 2 were presented.
- Manual retrieve – record location through the HIway but the response lists a phone number or fax number for manual intervention as a response.
- Cross-entity viewing – shows location of consented records, using single sign-on, and data never leaves the organization.
- "Push-Push" – this is email-like functionality and uses existing DIRECT standards for request reply. It leverages Stage 2 Meaningful Use standards.
- "Query –Response" - this is a query with an automated response. Examples noted were electronic eligibility or prescription history requests.

- Patient consideration. If the HIway portal was opened for patients to allow them to view what is available on the HIE, this could accomplish three things:
  - Consent management options for a patient.
  - Find something that is missing from their records.
  - Push patients to ask physicians/organization why they can't find data from that source. This would encourage organization participation.
- The processes of record location and record request/retrieval were reviewed. The types of data feeds may increase, but the initial data feeds will be the Admit/Discharge/Transfer (ADT).

Council discussion:

- Micky Tripathi noted that organizations will decide how to respond to a request for patient data.
- There was general discussion about emergency department access and a break-the-glass scenario where a patient has not yet consented to share information via the HIway.   "Can an ED get permission for patient records stored at an outside organization?" is one example of a topic the new Advisory Groups will discuss.

The Phase 2 overall timeline was reviewed. The funding request to CMS is still pending, and vendor contracts will be executed by the middle of April and Public Health registry nodes will go-live in April.

Advisory Group updates (slides 25-30) presented by MAeHC CEO Micky Tripathi

The four Advisory Groups have replaced the prior working groups. The significant difference is that the Advisory Groups will provide input and reactions rather than deliverables. The four Advisory Groups have already met, with the same set of meeting agendas for level-setting of Phase 1-Phase 2, but future meetings will see more focused inputs from these groups.

A summary of inputs and feedback from each Advisory Group was reviewed:

- The Provider Advisory Group:
  - The Record Locator Service (RLS) has standalone value.
  - The Mass HIway can help establish a 'community standard' for health information sharing.
  - Support the concept that the HIway continues to help providers meet Meaningful Use goals.
- The Consumer Advisory Group:
  - A change should be made to add a consumer representative to the HIT Council.
  - Consumers should be informed of the Mass HIway plans as soon as possible.
  - Secretary Polanowicz asked if the Consumer Group has ideas on what methods should be used to communicate to the public, and it was confirmed that this Advisory Group has many ideas for reach-out to consumers.
- The Technology Advisory Group:
  - The division and sequencing of Phase 2 services, with record location being first, followed by query/response is the right approach for the HIway.
  - The HIway should clearly define the liability for a data breach.
  - As the success of Phase 2 rests on the MPI, risk mitigation strategies should be determined.
- The Legal and Policy Advisory Group:
  - There are multiple processes emerging among community and statewide HIE efforts.

- o The HIway should try to remove barriers to receiving patient demographic data.
  - There was a caution made about the use of the term 'barrier' as it is subject to very different interpretations.
  - This term relates to the experiences from other states who have launched, or failed to launch, an HIE.
- o There were comments related to consent, suggesting the State encourage the creation of a statewide locator service.
- o The State could invoke its public health powers and require providers to send demographic data.
  - There is a value proposition to explore returning the de-duplicated MPI (master patient index) information back to the participants of the HIway as a service for participation.

Council discussion:

- Q: (Larry Garber): Was there any discussion related to the issues of HIV testing?
- A: (Micky Tripathi): No, this was not discussed as the first meeting was more of an overview of Phase 2.
- Q: (Secretary Polanowicz): Are there states (other than the noted example of Maryland) that use laws or rate setting to encourage participation in statewide HIEs?
- A: (Micky Tripathi): Illinois has laws similar to the Massachusetts' Ch 224 that encourages participation.
- Laurance Stuntz noted that Utah has also constructed legislation to participate in HIEs but wasn't sure about stated mandates.

Wrap-up and next steps (slides 31-33) presented by EOHHS CIO Manu Tandon

The next HIT Council meeting is April 8th and the venue will change to the 21st floor. Please refer to information posted to the web site.

The preliminary agenda for the next Council meeting was reviewed.

The Council members were reminded about the Governor's Health IT Conference in May.

Secretary Polanowicz requested topic ideas and discussion items for future HIT Council meetings.

- Larry Garber suggested having the participating members already live on the HIway present their experiences in the field.
- Steve Fox suggested spending time on engaging patients, not just at the Consumer Advisory Group, but at the HIT Council. He worries that patients will not understand and be 'spooked' by the HIway participation. He would like to see this incorporated into a future agenda.

The HIT Council meeting was adjourned at 5:00p.